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**FACSIMILE COVER LETTER**

**To:** Central Fax Center  
**Firm:** U.S. Patent and Trademark Office  
**Facsimile No.:** 571-273-8300  
**From:** William S. Frommer  
**Date:** November 15, 2006  
**Re:** Serial No. 10/786,849  
Attorney Docket 450100-03943  
**No. of Pages:** 7  
(including cover page)

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PATENT  
450100-04943

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Haruo YOSHIDA et al.

Serial No. : 10/786,849

For : RECORDING APPARATUS, FILE MANAGEMENT METHOD, PROGRAM FOR FILE MANAGEMENT METHOD,  
AND RECORDING MEDIUM HAVING PROGRAM FOR FILE MANAGEMENT METHOD RECORDED THEREON

Filed : February 25, 2004

Examiner : Sana A. Al Hashemi

Art Unit : 2164

745 Fifth Avenue  
New York, NY 10151  
Tel: 212-588-0800

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.  
☐ The fee has been calculated as shown below.  
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

**Claims as Amended**

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	8	Minus	** = 20	*0x	\$50 (25)	= \$0
Independent claims	1	Minus	*** = 4	*0x	\$200 (100)	= \$0
Total additional fee for this amendment						\$0

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.

\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$360(180) has been previously paid ☐ or is paid herewith ☐.
- ☐ This response is being filed within the \_\_\_ month following the expiration of the term originally set therefore. This is a petition to request a \_\_\_ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$ \_\_\_ is attached, which covers the cost of ☐ additional claims ☐ petition for extension of time.
- ☐ Charge \$ \_\_\_ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

**FACSIMILE**

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Barnet Shindlerman

Type or print name of  
Person signing certification

Burt Glue

Signature

NOVEMBER 15, 2006

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP  
Attorneys for Applicants

By:

William S. Frommer  
William S. Frommer  
Reg. No. 28,506  
Tel: 212-588-0800

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MANAGEMENT METHOD RECORDED THEREON  
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Patent and Trademark Office on the date shown below.

Barnet ShindlmanType or print name of  
person signing certificationBarnet Shindlman

Signature

NOVEMBER 15, 2006

Date of Signature

RESPONSE TO OFFICE ACTION

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated October 19, 2006, please consider the following  
remarks.